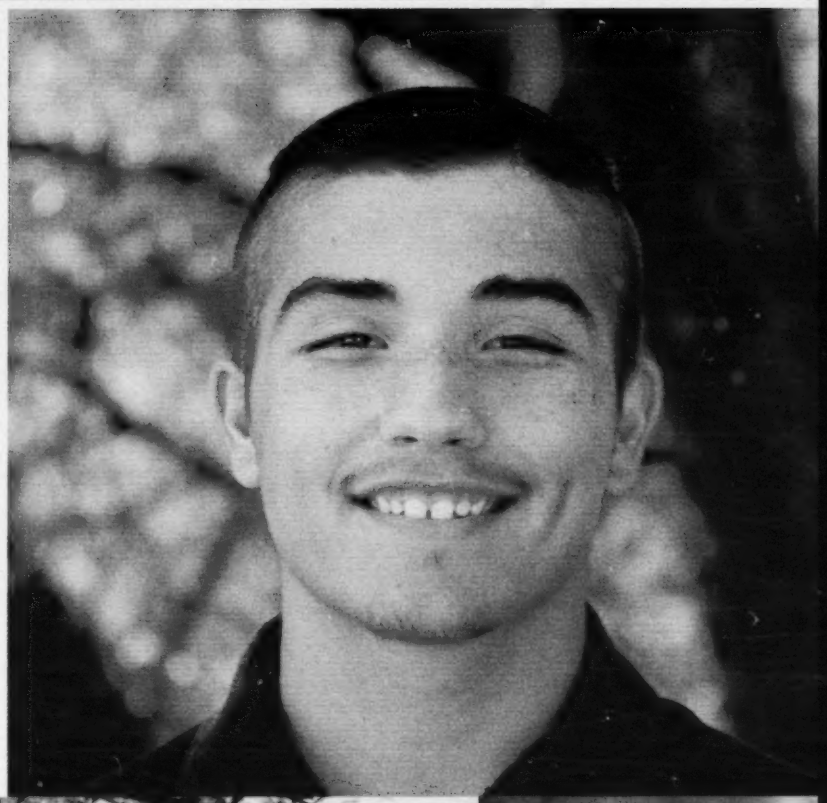
North West **LHIN**

Advancing Person-Centred Care to Improve Health Outcomes

2015-2016 Annual Report



Ontario

North West Local Health Integration Network

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A Message from the Chair and CEO

On behalf of the Board, management, and staff of the North West Local Health Integration Network (LHIN), we are pleased to provide you with the 2015-2016 Annual Report.

This past year saw the completion of the Integrated Health Service Plan 2013-2016 (IHSP III) and the preparation of the IHSP IV 2016-2019. Over the past 12 months, the North West LHIN has been guided by the 2013-2016 North West LHIN Board Strategic Plan, the North West LHIN Health Services Blueprint, the IHSP III, the Annual Business Plan and ***Patients First: Action Plan for Health Care***.

There has been remarkable progress with regards to the implementation of the North West LHIN Health Services Blueprint which is a 10-year plan to reshape, integrate, strengthen and sustain the health care system in Northwestern Ontario. The Blueprint was developed by the people of the North West LHIN to meet the health care needs of the population in the North West LHIN, and has been endorsed by the North West LHIN Board of Directors.

The North West LHIN's Blueprint is the vision for the redesign of the health care system in support of an integrated system that is person-centred. The North West LHIN is building a value-based health care system which is designed based on the needs of the patient/client and family to improve the health outcomes that matter to them.

The IHSP III provided four overarching goals in alignment with the North West LHIN Board Strategic Directions. They are 1) building an integrated health care system 2) building an integrated eHealth framework 3) improving access to care and 4) enhancing chronic disease prevention and management.

The initiatives in 2015-2016 to advance the IHSP III were planned in accordance with the North West LHIN 2015-2016 Annual Business Plan. The Annual Business Plan included 76 initiatives and projects. Of these 76 initiatives and projects, 90 per cent were successfully completed, advancing the IHSP in pursuit of an integrated health care system in service to the people of Northwestern Ontario.

Patients First: Action Plan for Health Care renews the government's commitment to transform the health care system to one that puts the needs of people at the centre.

Local Health Integration Networks were given their name for a reason. They are local, and they work with providers, administrators, experts, patients/clients and families to ensure that the needs and priorities of the population served, in the communities where they operate, are being understood, recognized and met.

This annual report tells the story of a year in which the North West LHIN was able to effectively plan with its partners, increase health care integration by focusing on the priorities in the IHSP III, and effectively manage the fiscal environment to ensure improved health outcomes and value for money.

It is our pleasure to thank health service providers and stakeholders, whose commitment and dedication to health care is an inspiration. We would like to thank the people of the Northwest who were generous with both their time and their opinions when we engaged them in discussions about the directions we needed to take. And finally, we would like to thank the staff and Board Members of the North West LHIN, who are determined each day to make health care in this region better.

Dan Levesque
Interim Board Chair

Laura Kokocinski
Chief Executive Officer

Introducing the North West LHIN
Board of Directors

The North West LHIN is governed by a nine-member Board of Directors who are selected by the Lieutenant Governor in Council and appointed through Order in Council. The Board is skills-based and draws on a variety of knowledge and expertise of its individual members who come from across Northwestern Ontario. Board members represent the many local voices and experiences of the Northwest region by living and working in the communities they serve. Each day, the members of the Board place the people of Northwestern Ontario at the centre of their decisions made in service to the region and its many distinct communities.

The North West LHIN Board of Directors wants to acknowledge and thank Joy Warkentin for her outstanding leadership during her term of appointment as Board Chair, which ended on January 26, 2016. The North West LHIN Board of Directors is also privileged to welcome Dan Levesque, Board Member since April 2011, as Interim Board Chair.

Dan Levesque
Role: Interim Board Chair
Resident of Geraldton
Date of first appointment: April 18, 2011
End of term appointment: April 17, 2017

Gil Labine
Role: Vice Chair
Resident of Thunder Bay
Date of first appointment: November 5, 2014
End of term appointment: November 4, 2017

Tina Copenace
Role: Board Member
Resident of Kenora
Date of first appointment: October 18, 2012
End of term appointment: October 17, 2018

Cathy Farrell
Role: Board Member
Resident of Thunder Bay
Date of first appointment: April 24, 2013
End of term appointment: April 23, 2016

Darryl Allan
Role: Board Member
Resident of Fort Frances
Date of first appointment: March 18, 2015
End of term appointment: March 17, 2018

Herb ZoBell
Role: Board Member
Resident of Thunder Bay
Date of first appointment: March 25, 2015
End of term appointment: March 24, 2018

Tim Berube
Role: Board Member
Resident of Thunder Bay
Date of first appointment: March 25, 2015
End of term appointment: March 24, 2018

Dennis Gushulak
Role: Board Member
Resident of Ear Falls
Date of first appointment: July 28, 2010
End of term appointment: July 27, 2016

Patients First
Action Plan for Health Care

Patients First: Action Plan for Health Care is the next phase of Ontario's plan for changing and improving Ontario's health system, building on the progress that's been made since 2012 under the original ***Action Plan for Health Care***. It exemplifies the commitment to put people and patients/clients at the centre of the system by focusing on their needs first.

The first ***Action Plan for Health Care*** promised to help build a health care system that was people-centered. ***Patients First*** builds on that commitment and sets the framework for the next phase of health care system transformation. This plan is designed to deliver on one clear health promise – to put people and patients/clients first by improving their health care experience and their health outcomes.

Access
Improve access – providing faster access to the right care.

Connect
Connect services – delivering better coordinated and integrated care in the community, closer to home.

Inform
Support people and patients – providing the education, information and transparency they need to make the right decisions about their health.

Protect
Protect our universal public health care system – making evidence-based decisions on value and quality, to sustain the system for generations to come.

North West LHIN Strategic Direction

Through the Board Chair to the Minister of Health and Long-Term Care (MOHLTC), the North West LHIN Board of Directors is accountable for the use of public funds, the achievement of results through the execution of its strategic directions, and for the performance of the local health system.

2015-2016, was the third year of the 2013-2016 North West LHIN Board Strategic Plan, ***Transforming and Building an Integrated Health System***. The Board's strategic plan outlines four key strategic directions which act as key pillars in the development of an innovative, sustainable and efficient health system:

- Improved health outcomes resulting in healthier people
- Increased access to care as close to home as possible
- Continuous quality improvement
- A system-wide culture of accountability

Our Vision

Healthier People, a strong health system – our future.

Our Mission

Develop an innovative, sustainable, and efficient health system in service to the health and wellness of the people of the North West LHIN.

Our Values

Person-Centred	Accountable
Culturally Sensitive	Collaborative
Sustainable	Innovative

Introduction

Planning for a Better Health Care Service

The North West Local Health Integration Network, or LHIN, is one of 14 Ontario LHINs, and is responsible for local planning, funding, and integration activities centred around the populations they serve. The health and well-being of the people of Northwestern Ontario is the top priority of health system design. Together with our partners, we are transitioning from a series of fragmented programs and services to a system that is centred on the needs of the population - the people - of the region.

The health of populations and communities is dynamic and constantly evolving. This evolution is influenced by many factors and can be seen through data from the region, such as emergency department use or wait times. The health status of the population is also visible through the stories and experiences of people and their families living in Northwestern Ontario; and their voice is essential. It is this understanding that informs a

commitment to continuous quality improvement, a system-wide culture of accountability, and the right care in the right place, at the right time, ensuring value for every health system dollar invested.

The 2015-2016 Annual Report looks back on the North West LHIN's activities and accomplishments during the third and final year covered by the IHSP III. It was a notable year in Ontario thanks to the emergence of a powerful theme in health care – putting patients/clients and families first.

Building on the Triple Aim Framework

The North West LHIN strategic directions build upon the Triple Aim Framework developed by the Institute for Health Improvement. The Triple Aim Framework focuses on three key elements: Optimizing Health, or improving population health, Optimizing Care Experience, or delivering better quality from the patient perspective, and Optimizing Resources, or ensuring value is achieved through the best use of health care resources.

Ministry Strategic Plan

Ontario's Action Plan for Health Care sets the direction for the health care system provincially.

→ **Ministry Priorities Include:**

- Keeping Ontario healthy
- Faster Access and a Stronger Link to Family Health Care
- Right Care, Right Time, Right Place

North West LHIN Strategic Plan

The LHIN Board of Directors' Strategic Plan sets the direction for the health care system in Northwestern Ontario.

→ **North West LHIN Board Priorities:**

- Improved health outcomes resulting in healthier people.
- Access to health care that people need, as close to home as possible
- Continuous quality improvement
- A system-wide culture of accountability

Integrated Health Services Plan (IHSP)

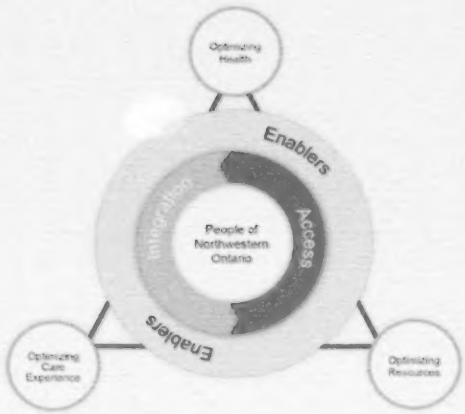
The LHIN planning document that broadly identifies and describes priorities and directions over a three-year period.

→ **North West LHIN Priorities:**

- Building an Integrated Health Care System
- Building an eHealth Framework
- Improving Access to Care
- Enhancing Chronic Disease Prevention and Management

Annual Business Plan

Plan that describes the annual activities and associated spending plans that will be conducted in order to implement the IHSP for the next three years, with emphasis on the upcoming fiscal year.

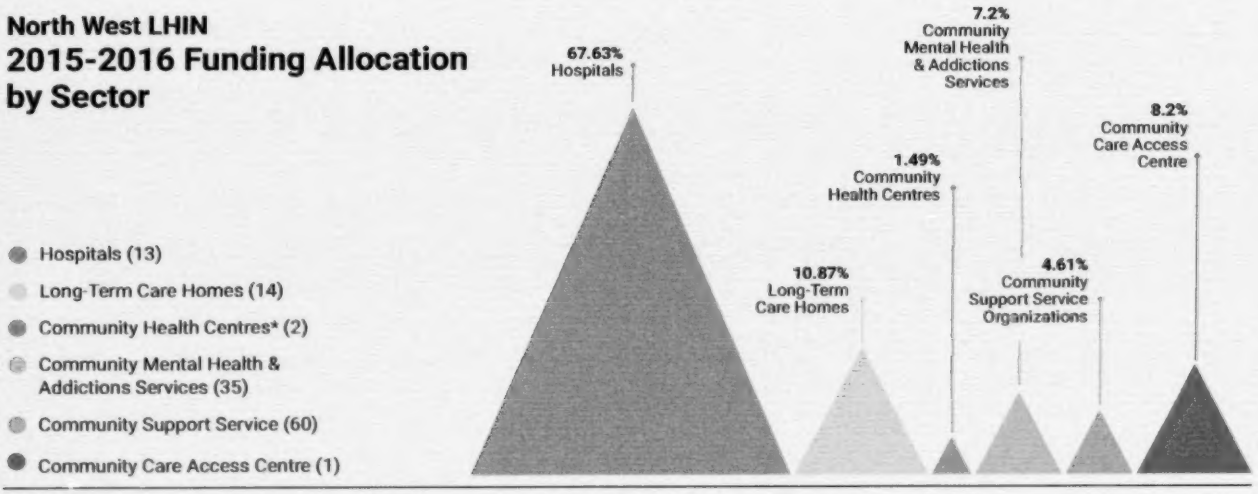


Legend

- Access to and Integration of Services
  - Emergency Department and Alternative Level of Care
  - Primary Care
  - Specialty Care and Diagnostic Services
  - Chronic Disease Prevention & Management
- People of Northwestern Ontario
  - Aboriginal Health Services
  - French Language Health Services
- Enablers
  - Health Human Resources
  - eHealth
  - Integration of Services along Continuum of Care
- Triple Aim Framework

North West LHIN

2015-2016 Funding Allocation by Sector


Hospitals (13)
Long-Term Care Homes (14)
Community Health Centres* (2)
Community Mental Health & Addictions Services (35)
Community Support Service (60)
Community Care Access Centre (1)
67.63% Hospitals
10.87% Long-Term Care Homes
1.49% Community Health Centres
7.2% Community Mental Health & Addictions Services
4.61% Community Support Service Organizations
8.2% Community Care Access Centre

Total number of health service provider (HSP) programs or operations: 125 | Total number of HSP organizations: 92 | Total allocation of Funding: $653,330,781**

*CHC allocation includes funding for some Primary Care initiatives. **Note: This represents the number of individual health service providers (HSP) funded by the North West LHIN as of March 31, 2016. Some HSP funded by the North West LHIN provide service in multiple sectors.

Profile of the LHIN

Geography

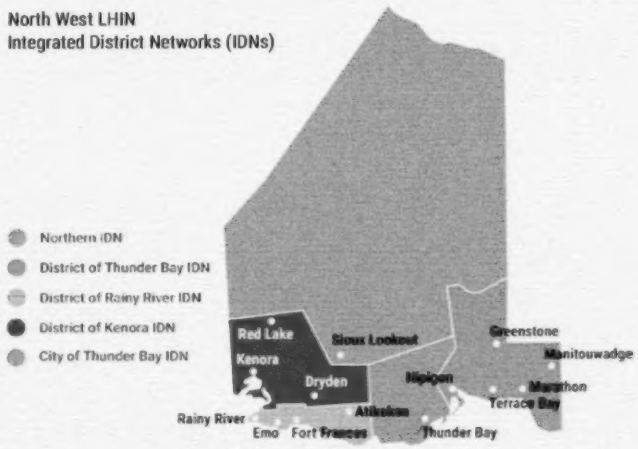
The North West LHIN has the largest geography of all 14 LHINs, covering 47 per cent of Ontario's total land mass. The North West LHIN also has the lowest population of all LHINs with just 235,900 residents and a population density of just 0.5 people per square kilometer. Together, the region's large geography and relatively small, dispersed population present unique challenges to health service delivery, including access to care, health human resources, the need for extensive travel and overall higher costs per capita.

Nearly two-thirds of communities in the North West LHIN do not have year-round road access, and can only be reached by air travel or ice roads in the winter. These communities extend from Hudson Bay in the north to the United States border in the south, and from the Manitoba border in the west just prior to White River in the east.

In the North West LHIN, **Integrated District Networks** exist where multiple communities share services and include representation from Local Health Hubs, the North West Community Care Access Centre and an acute care hospital designated as a District Health Campus.

Local Health Hubs are comprised of health service providers in and around specific communities. The local hubs plan and provide health care services based on the unique needs of their community, to meet the health care needs of the population they serve and to support individuals in accessing care as close to home as possible. There are 14 Local Health Hubs corresponding to the communities with hospitals in the North West LHIN.

North West LHIN
Integrated District Networks (IDNs)



Population

With a total population of 235,900 people residing in Northwestern Ontario, there are some trends that are similar to the overall population of the province. For instance, the percentage of seniors aged 65 and over will increase over the next 10 years, consistent with the rest of the province. An important key difference for Northwestern Ontario is that the population is shrinking, having decreased by 0.5 per cent between 2010 and 2015 from 2006. In the Northern Integrated District Network, the growth of the younger population is outpacing that of the older population (40.6 per cent vs 5.5 per cent).

Another characteristic of the North West LHIN is that more than 50 per cent of the population are concentrated in one urban centre – the City of Thunder Bay. It is projected that Aboriginal people make up 21.5 per cent of the total population in the North West LHIN, which represents the highest regional proportion of Aboriginal people across Ontario. The health status of Aboriginal people in Canada is poorer than non-Aboriginal people on most measurable health indicators, and the Northwest region is no exception.

81.3

per cent of the total North West LHIN Aboriginal population who identify themselves as Aboriginal live in the Northern IDN.

Looking at the North West LHIN by Integrated District Networks (IDNs):

- → The majority of persons who identify themselves as Aboriginal live in the Northern IDN, representing 81.3 per cent of the total North West LHIN Aboriginal population.
- → The district with the highest percentage of persons who identify themself as Francophone is the District of Thunder Bay IDN, with 13.0 per cent of residents in this district identifying as Francophone.
- → With five IDNs showing comparatively similar rates of seniors age 65 and older (13.9 – 17.2 per cent), the Northern IDN has a much younger population and a significantly lower percentage of seniors aged 65 and over, at just 6.6 per cent.

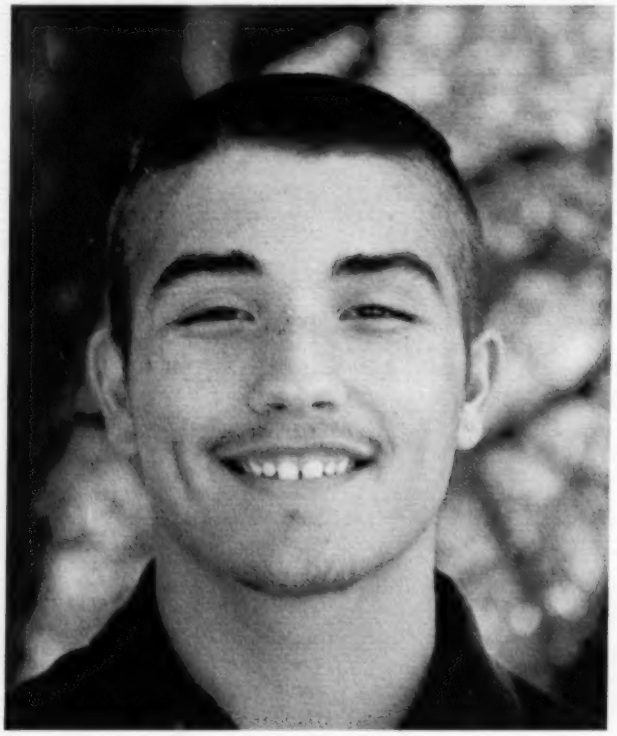


Table: 2011 Census Population Characteristics

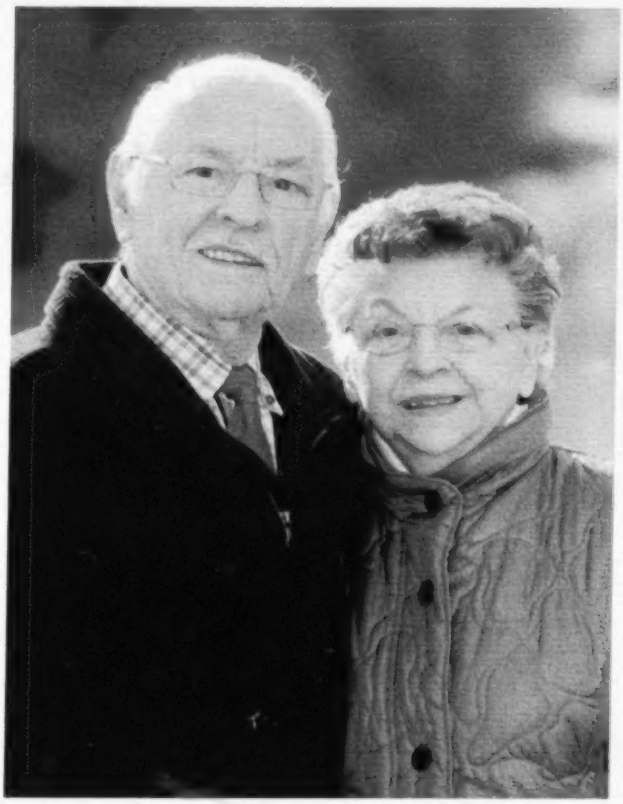
Integrated District Network	Total Population	% Age 65+	% Aboriginal Ident.	% Francophone
Northern IDN	21,815	5.5	81.3	0.5
District of Kenora IDN	43,130	15.6	25.5	2.9
District of Rainy River IDN	20,370	17.2	22.3	1.8
City of Thunder Bay IDN	127,975	17.1	9.9	2.7
District of Thunder Bay IDN	17,830	13.9	32.4	13.0
North West LHIN*	231,120	15.5	21.5	3.4
IDN Minimum	17, 830	5.5	9.9	0.5
IDN Maximum	127,975	17.2	81.3	13.0

Sources: 1. Statistics Canada. 2011 Census. 2. Statistics Canada. 2011 National Household Survey. The non-response rate for the Aboriginal Identity question in the NHS was approximately 30% for North West LHIN residents with significant variation between communities.

Population Health

Compared to the rest of the province, and based on Canadian Community Health Survey data, the North West LHIN has a high proportion of people who:

- → Are heavy drinkers
- → Are obese (age 18 and over)
- → Are smokers
- → Have high blood pressure



In addition, the people of the North West LHIN have higher rates of hospitalization for accidental injuries and chronic conditions, including mental health and substance use conditions. The North West LHIN also has higher rates of diabetes, Chronic Obstructive Pulmonary Disease (COPD), and ischemic heart disease. In the North West LHIN many emergency department visits and hospitalizations are for conditions that could be prevented or avoided if alternate services were available to the patient/client at the community level.

The people of Northwestern Ontario report having higher than average physical activity leisure time, perceive a strong sense of community belonging, and have very good or excellent perceived mental health.

The North West LHIN Health Services Blueprint

In 2012, the North West LHIN released the Health Services Blueprint, a 10-year integration plan to strengthen and transform health care in Northwestern Ontario. It is the result of extensive evidence-based research, and feedback from people who use the system and from health service providers in the North West LHIN. This includes 17 sessions in 12 communities involving 188 participants, and 410 survey responses.

The Blueprint was developed by the people of the Northwest region to meet the health care needs of the people of the North West LHIN, and has been endorsed by the North West LHIN Board of Directors. The Blueprint presents an opportunity to deliver a more integrated care experience and improve health outcomes in the communities in the Northwest region.

There are 44 recommendations contained in the Blueprint for an integrated service delivery model in which all health service providers will work together to organize services and delivery of care at the local level, the district level and the regional level within the North West LHIN to better meet the needs of the population served. The model which is patient/client centred is designed to deliver the right care at the right place, at the right time, as close to home as possible.

Implementation of the Blueprint has been advanced in the following ways:

- → Established a foundation of an integrated service delivery model and developed a conceptual framework for implementation of an integrated service delivery model based on engagement, research and analysis completed 2012-2013 through to 2015-2016.
- → Increased access across the North West LHIN to community support services, community mental health and addictions services.
- → Increased access to care closer to home through virtual care, clinical integration and regional programs.
- → Improved access to health information across providers through an integrated e-health framework.
- → Regional Project Management and Decision Support office established through the North West Health Alliance.

Health Services Blueprint
Integration. Transformation.
A North West LHIN Initiative

Health Links

Health Links were introduced across Ontario in December 2012. They bring together different providers in a given region, who work as a team to coordinate care for patients/clients with complex needs. This approach is helping to improve health outcomes and the patient/client experience.

In the North West LHIN, Health Links are aligned geographically to the five Integrated District Networks (IDNs), which were identified in the North West LHIN Health Services Blueprint. Health Links have been successfully initiated in three of the five identified IDNs, and are in the pre-launch stage in the remaining two IDNs, the District of Kenora Integrated District Network and the Northern Integrated District Network.

Health Links have been initiated in:

1. **The City of Thunder Bay Integrated District Network**
2. **District of Thunder Bay Integrated District Network**
3. **District of Rainy River Integrated District Network**

Health Links: A Client Story

"Health Links came at the right time to help me in many ways. Through a coordinator, I was referred to an Enhanced Care Team of doctors and have very thorough medical appointments, sometimes half an hour, and they continue to keep close tabs on me. Getting to my appointments used to be a challenge but with the referral to Red Cross Transportation, I can now attend all of my doctors' appointments.

I'm stronger and can do more at home because of the referral to physiotherapy and occupational therapy. To help with coping with some things, I'm now being connected to a social worker. It certainly has helped me."

Health Link Successes

City of Thunder Bay (CoTB) IDN Health Link

Since implementation began in November 2014, the CoTB IDN Health Link has achieved several successes, including:

- The Enhanced Care Team Clinic (ECTC) reports a 28.6 per cent emergency room visit reduction and a 34.0 per cent inpatient stay reduction for clients between December 1, 2014 and Feb 15, 2016.
- A total of 100 Health Link clients have completed Coordinated Care Plans as of January 31, 2016. The plans have been uploaded to the Patient Viewer Tool.
- There have been 2,956 Health Coach interactions with Health Link patients/clients to assist with implementation of the Coordinated Care Plan.
- The Red Cross has provided 54 individual Health Link clients with 618 rides to medical appointments.

District of Thunder Bay (DoTB) IDN Health Link

Since implementation began in November 2014, the DoTB IDN Health Link successes include:

- The Manitouwadge District Hospital continues to partner with Primary Care, Community Support Service Agencies, the North West CCAC and Mental Health Agencies to identify complex, vulnerable people for inclusion into the Health Link initiative.
- A total of 10 Health Link clients have completed Coordinated Care Plans as of January 31, 2016, representing 35 interactions between Health Link patients/clients, families and the Care Coordinator.

Initiatives Undertaken to Advance the Integrated Health Service Plan Priorities

In 2015-2016, the North West LHIN completed year three of the IHSP III. This IHSP identified four priority areas for the local health system.

Priority One
Building an Integrated Health Care System

Priority Two
Building an Integrated eHealth Framework

Priority Three
Improving Access to Care

Priority Four
Enhancing Chronic Disease Prevention and Management

Priority One
Building an Integrated Health Care System

The North West LHIN is committed to quality improvement across the continuum of care. More specifically, improving the patient/client experience and creating smooth transitions in care are a primary focus. The North West LHIN Health Services Blueprint recommends that a key priority is the development of an integrated health care system for Northwestern Ontario that offers opportunities to improve health outcomes while delivering the right care, at the right place, at the right time, as close to home as possible.

Starting in 2012, the North West LHIN began to build awareness of the Blueprint and developed a common understanding of the vision for an integrated service delivery model by engaging with system partners, including LHIN-funded health service provider Boards and Executive Teams.

Between 2012 and 2015, the North West LHIN determined what services should be delivered at the Local, District and Regional levels. Various integration scenarios were generated to help inform what an integrated system could look like in the North West LHIN, including integration within and across sectors, with a focus on improving the care experience and health care outcomes for the population.

Integration Work Underway

In 2015, the North West LHIN began implementation of an integrated service delivery model in four early-adopter sites. An evaluation framework was developed to measure the impact of an integrated health care system on client experience, health outcomes and system cost.

Specifically, in 2015-2016 three early-adopter communities initiated the planning for Local Integrated Health Care Organizations (IHCOs). Locally, this means provision of care through end to end integration of services to better serve and meet the needs of the population, including:

- Public Health
- Primary Care
- Mental Health
- Management of Chronic Disease
- Acute Care
- Home and Community Care
- Long-Term Care
- Palliative Care

Integration Success Story

In addition, further integration of services occurred with the amalgamation of Wilson Memorial General Hospital in Marathon and the McCausland Hospital in Terrace Bay under the new name the North of Superior Healthcare Group (NOSH). Integrating health care services allows for improved patient/client and family experiences and better health outcomes, making it easier for people to access the right care in the right place at the right time. Operating as a single corporation allows the hospitals to combine expertise and improve coordination of care. It also helps to reduce the administrative burden that comes with operating as two separate entities.

Priority Two
Building an Integrated eHealth Framework

It is widely understood that for effective health system transformation to occur, there must be Information Technology and eHealth infrastructure in place to support the delivery of high quality clinical care in the most appropriate setting. To advance eHealth, the North West LHIN is guided by a comprehensive eHealth strategy and implementation plan. The North West LHIN is committed to finding innovative solutions to priority issues, having the appropriate organizational structures and service offerings in place, and collaborating across the region in order to achieve cost-effective integrated solutions. In 2015-2016, several key initiatives were advanced with the development of an integrated eHealth framework well underway.

Connecting Northern and Eastern Ontario

Connecting Northern and Eastern Ontario (cNEO) is a program that will give health service providers across the North West, North East, South East and Champlain LHINs secure and timely access to electronic patient/client health information. This program is a foundation in the building of an Electronic Health Record. Real-time electronic patient/client notification is now enabled between all hospitals in the region and the North West Community Care Access Centre (NWCCAC), through cNEO eNotification.

Resource Matching and Referral

Resource Matching and Referral (RM&R) is a provincially agreed-upon standard, and an advanced technology solution, that enables electronic referrals between health service providers. It also provides the ability to match system resources with patient/client and family needs in order to help improve patient/client and family transitions. All acute, rehabilitation/complex continuing care, Long-Term Care (LTC) and Community Care Access Centre (CCAC) within the North West LHIN have now adopted the provincial referral standards. In addition, there is a pilot initiative underway enabling electronic patient/client referrals between Primary Care and Specialists.

Integrated eHealth Framework

Examples of the benefits of an integrated eHealth Framework in the Northwest include:

- → CCAC care coordination staff are able to inform service providers much more quickly when people are in hospital, thus allowing resources to be reallocated to other patients/clients in the community rather than searching for a person who is in the hospital receiving care.
- → Sharing and integration of patient/client information across the continuum of care has improved timely decision-making, patient care, and safety.
- → Foundation computerized infrastructure has improved for clinicians and organizations to exchange, integrate and securely share clinical data, from multiple sources, across the care continuum.
- → Consumer eHealth solutions that directly support/empower patients/clients to book appointments online with their health care providers and communicate securely with them.

Hospital Information System Expansion

This past year, the final step in the Hospital Information System (HIS) Expansion project was taken when the regional Meditech project completed its expansion to the Lake of the Woods District Hospital. With this final step of the project implemented, all hospitals in the Northwest can now seamlessly share hospital patient/client information among clinicians and share common streamlined procedures. Today, all 13 hospitals within the Northwest are able to share reports through their HIS to 48 primary care clinics equipped with Electronic Medical Records (EMRs) within the North West LHIN.

Ontario Lab Information System

The Ontario Lab Information System (OLIS) allows laboratory test orders and results to be shared amongst hospitals, community laboratories, public health laboratories and practitioners. As a

province-wide, integrated repository of tests and results, OLIS contributes to fundamental improvements in patient/client care by providing practitioners with timely access to information that is needed at the time of clinical decision making. All hospitals in the Northwest now contribute their core laboratory results to OLIS, allowing them to be accessed by all providers and organizations who need them.

Patient/Client Portal

Patient/client portals provide integrated and secure sharing of health information online, giving patients/clients convenient access to information whenever they need it, along with the ability to interact with their health service providers. Patient/client portals are currently being piloted within the City of Thunder Bay and District of Thunder Bay Health Links.

Priority Three
Improving Access to Care

Improving access to care is a critical component of the health system transformation. This is true for jurisdictions everywhere, and it is particularly true in a jurisdiction as vast, remote and scarcely populated as Northwestern Ontario. The North West LHIN is committed to providing equitable care to all residents of the Northwest, and is constantly looking for new and innovative ways to do so.

Efforts to improve access to care focus on five key priority areas. These are:

1. Enhancing Access to Primary Care
2. Reducing Wait Times
3. Reducing Percentage of Alternate Level of Care Days
4. Improving Access to Specialty Care and Diagnostic Services
5. Improving Access to Mental Health and Addictions Services

Because of its vast geography, access to care in the North West LHIN looks different from community to community. To create equitable access, the North West LHIN and its health service provider partners look for new and innovative ways to provide services. Some are unique to this region, leveraging mobile services, technology, and community capacity to provide care to the people of Northwestern Ontario.

1. Enhancing Access to Primary Care

One of the top health care priorities for the North West LHIN is improving access to primary care. While there has been significant progress in this regard over the past several years, there are many people in Northwestern Ontario who do not have regular and timely access to a primary care provider. There are also opportunities for improved collaboration between primary care providers and other parts of the health care system, and for increased access to primary care on evenings and weekends to better support individuals living with medically complex conditions in the community.

In 2015-2016, in the North West LHIN there were significant achievements regarding improved access to primary care and more patients/clients connected with providers. These include:

- As of January 2016, 69.6 per cent of all patients/clients registered with the North West CCAC (NWCCAC) Health Care Connect program were linked to a primary care provider.
- The Regional Primary Care Council and City of Thunder Bay Primary Care Council met quarterly to explore improving access to care, discuss quality initiatives in primary care, and exchange knowledge about local and provincial initiatives.
- The North West LHIN developed a vision for advancing access to primary care titled, ***Strengthening Access, Performance and Accountability of Primary Care within the North West LHIN.***

Nurse Practitioners in Long-Term Care Homes Initiative

In the Fall of 2015, the Ministry of Health and Long-Term Care (MOHLTC) announced the Nurse Practitioners (NPs) in Long-Term Care Homes Initiative, an initiative that aligns with the ***Patient First: Action Plan for Health Care***. The aim of the initiative is to provide residents with care that is coordinated and integrated in order to get the right care from the right providers, at the right time. The North West LHIN received funding for two NP positions - a shared NP position for Pinecrest and Birchwood Terrace in Kenora and another at Roseview Manor, located in the City of Thunder Bay. The homes are recruiting through the Spring of 2016 with a goal of increasing access to care and improving the quality of health care for Long-Term Care Home (LTCH) residents.

Home and Community Care

In 2014, regulatory changes came into effect that allow LHINs to fund designated approved Community Support Service (CSS) organizations to deliver personal support services. LHINs are leading the implementation of these changes and two related policy guidelines aimed at improving coordination of Community Care Access Centres (CCAC) and Community Support Services (CSS) across the province. By March 2017, all 14 LHINs are anticipated to have completed implementation of the standards and processes which will enable CSS agencies and CCACs to provide a "one sector" experience for clients requiring personal support services. A new governance structure for this project was introduced, comprised of an implementation Executive Committee supported by a Standards and Performance Monitoring Work Group and a Knowledge Transfer and Exchange Work Group.

In the North West LHIN, a Steering and Operational Committee has been established and working groups will be struck to support PSS implementation. The North West LHIN along with CSS, CCAC and stakeholders will collaboratively design the implementation, including key business processes and enabling tools for change.

The future state is envisioned as improving person and family-centred care, consistent practices and service levels, high-quality care and value for money, and integrated, less fragmented care.

2. Reducing Wait Times

Emergency department (ED) wait times are one of the main barometers by which health systems can be assessed. If they are too long, many individual patients/clients will be affected. Furthermore, emergency department wait times are a clear indicator that access to community health care is not as effective as it could be. Fewer low-intensity visits, on the other hand, indicate that patient/client's care needs are being met, in the right place, at the right time, and by the right provider. Additionally, patients/clients being seen within best practice targets in the ED reduces the chances of adverse health outcomes either within the hospital, or post discharge.

Addressing the complex challenge presented by ED wait times requires improvements across the entire health care system, over both the short and long term. Specifically, it requires better integration of care across the entire system, including home and community care and primary care. To meet this challenge, the North West LHIN has implemented strategies to reduce ED wait times:

- ***The Provincial Emergency Department Pay for Results Program*** at Thunder Bay Regional Health Sciences Centre (TBRHSC) 2015-2016 initiatives include:
  - The introduction of a rapid assessment zone for high acuity patients/clients.
  - 10 medical unit short stay beds.
  - A triage nurse to improve ED triage times and reducing overall length of stay.

- ***Thunder Bay Surge Plan***. This is the third year of the plan implemented between the North West LHIN, Thunder Bay Regional Health Sciences Centre, long-term care services, community support services, and emergency medical services that address predictable increases in seasonal demand between December and January. The plan helps to successfully manage increases in demand in the acute care setting during the Christmas holiday and flu season.

As a result of these initiatives, 2015-2016 saw several improvements in ED wait times. These include:

- Overall, the North West LHIN maintained the gains in ED wait times and performed well provincially.
- The overall number of low acuity ED visits between Q1 and Q3 decreased by 2,995 between 2014-2015 and 2015-2016.
- At Thunder Bay Regional Health Sciences Centre, which sees approximately 50 per cent of the region's ED visits, the overall number of low acuity ED visits between Q1 and Q3 decreased by more than 600 from 2014-2015 to 2015-2016.
- As a result of ongoing work with system partners including Health Force Ontario, the Ministry of Health and Long-Term Care, the North West LHIN ED physician lead, and local hospitals, no emergency department closures occurred in 2015-2016.
- As of Q3 2015-2016, the total time spent in the ED for nine out of 10 patients/clients and clients with minor or uncomplicated conditions was 3.67 hours, down from 3.87 the previous year.

The Regional Critical Care Response Program

This plan created a region-wide network of emergency departments which used telemedicine and a common hospital information system to connect in real time to the specialized services provided at the critical care unit at TBRHSC. As of March 1, 2016, the program had facilitated 167 consults, 53 follow-ups and 49 avoided transfers by caring for patients/clients at home in their community. This continued growth in the Regional Critical Care Response Program represents an estimated savings of $1,136,000 to the health care system.

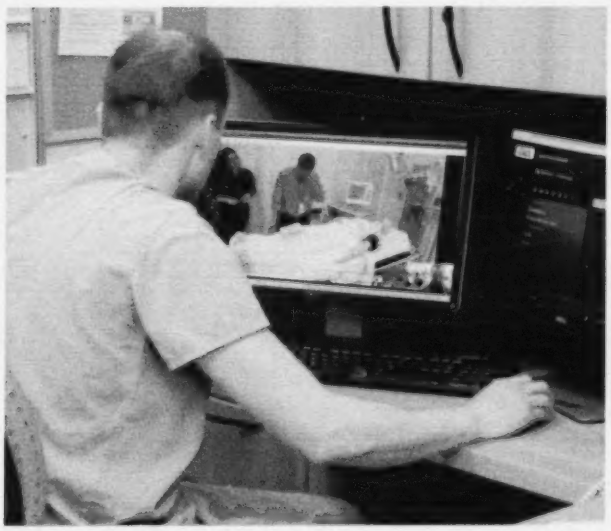
3. Reducing Percentage of Alternate Level of Care Days

Alternate Level of Care (ALC) days refers to the time spent by patients/clients who no longer require acute care but remain in hospital waiting for care in more appropriate settings. In the North West LHIN, lack of access to community resources upon discharge to home, system capacity versus demand, and socio-economic determinants of health are challenges which contribute to ALC.

Reducing the number of days that individuals wait as ALC in hospital is a key priority for the North West LHIN and the province of Ontario. The end goal is to avoid time spent by individuals waiting to get to their next care destination by increasing the coordination and integration of care across the health system, improving patient/client flow along the continuum of care, and investing in programs which support individuals to return home after their hospital stay.

In 2015-2016, a number of steps were taken by the North West LHIN to reduce the number of ALC days:

- Over the last three years, investments in interventions to reduce ALC have totalled approximately $15 million, and over the last 10 years have totalled $38 million.
- Seventy per cent of this investment has focused on the highest area of demand which is in the City of Thunder Bay.
- The City of Thunder Bay Overcapacity Plan is the key initiative to improve access to acute care through ALC management. With the help of system partners, the following initiatives were supported:
  - Implemented 28 transitional bed spaces for individuals requiring long-term care at St. Joseph's Care Group.
  - Enhanced assess and restore services at St. Joseph's Care Group.
  - Four community-based rheumatic disease beds.
  - Thirteen units of high-needs supportive housing (four units for individuals with physical disability and nine for individuals with acquired brain injury).
  - Expanded the Nurse-Led Outreach Team (NLOT) service in assisted living and retirement homes in the City of Thunder Bay IDN, with over 1000 clients assessed by NLOT between April and December 2015, ultimately avoiding unnecessary Emergency Department (ED) visits and acute care utilization.



Hogarth Riverview Manor Transition: The Centre of Excellence for Integrated Seniors Services (CEISS) Phase 1

Two City-owned homes, Dawson Court and Grandview Lodge, successfully closed with residents moved into new homes in the community.

The opening and operation of the Centre of Excellence for Integrated Seniors Services (CEISS) at the newly-built Hogarth Riverview Manor (HRM) increased long-term care capacity by 20 net new beds. HRM will be home to 544 residents once the CEISS Phase II project is completed in the Fall of 2016.

Assess and Restore: Handling Overcapacity

The Assess & Restore (A&R) program was continued to be delivered at St. Joseph's Care Group (SJCG) and Thunder Bay Regional Health Sciences Centre (TBRHSC) to improve functionality. Enhanced Transitional Services include:

- Improved services to the 24-bed A&R unit and an additional 15 geriatric (A&R) inpatient rehabilitative beds at SJCG
- A seven-day per week rehabilitation service for all clients in the existing and new beds
- A Community Transition Team that follows clients home for up to 14 days, as appropriate, and follow-up phone calls to check in on client's success in being back in the community and to assist with system navigation if required for all clients over 65 years of age.

Altogether, these initiatives represent a total of 498 referrals to the A&R program and 369 admissions between April and December 2015. The average length of stay was 29 days, and seniors receiving the service have shown significant functional improvements.

4. Improving Access to Specialty Care and Diagnostic Services

The geography of the North West LHIN presents particular challenges in the delivery of health care when patients/clients require specialty care, such as hip or knee replacement, or diagnostic imaging (DI). The North West LHIN, along with its partners, work together to ensure timely access is available to patients/clients. When people live in rural and remote communities, far from tertiary centres such as Thunder Bay, getting the right care in time can be difficult. One of the steps taken to reduce barriers to care in the North West LHIN is through the use of telemedicine. Increased access to telemedicine services such as orthopaedic follow-up visits, means people travel less, and receive the services they need sooner, close to home.

Regional Orthopaedics Plan

Ongoing planning and development of a LHIN-wide Orthopaedic Services delivery model has produced the following results in the past year:

- A Regional Orthopaedics Plan with a clearly articulated service delivery model, regional lead and governance model, has been developed and will move into the implementation phase in 2016-2017.
- Use of telemedicine for the Regional Orthopaedics Program has expanded over the past year with 743 fracture clinic appointments delivered by video conference.
- The Virtual Fracture Clinic now operates in Dryden, Kenora and Sioux Lookout.
- The management of regional surgeries provided through the regional joint replacement program is now provided by the regional orthopaedics surgical group.
- The pilot Inter-professional Spine Assessment and Education Clinic (ISAEC) continues to operate in Thunder Bay, allowing advanced access for patients/clients suffering from low back pain to a well-established pathway which is expected to eliminate 95 per cent of unnecessary referrals for MRI and surgical consultation amongst this population.

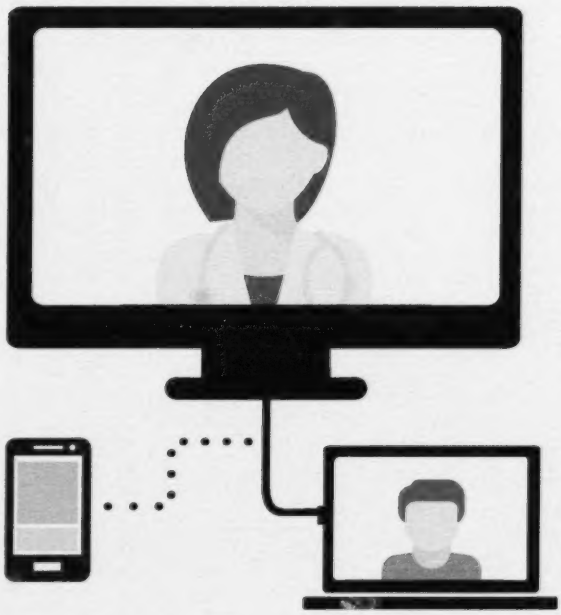
Diagnostic imaging wait times in the North West LHIN are primarily driven by Thunder Bay Regional Health Sciences Centre (TBRHSC) as they have the only MRI scanner in the region. Despite a decrease in performance of diagnotic imaging wait times, TBRHSC has a number of performance improvement strategies for both CT and MRI in addition to the local implementation of the Canada-wide Choosing Wisely Campaign.

Telemedicine

Telemedicine is one of the most visible ways in which technology can be seen having a positive impact on health care service delivery across the North West LHIN. The North West LHIN is a leader in the use of this technology to improve access to care.

The connection between patients/clients and physicians across the region with specialists in Thunder Bay through telemedicine has allowed for people to avoid travel and receive treatment closer to home, and has increased the comfort and confidence for local care providers across the Northwest. Furthermore, teleconference meetings among telemedicine nurses and coordinators from across the North West LHIN region occur each fiscal quarter, allowing stakeholders and care providers to share stories of success, inform health system partners of any new programs, and discuss innovative ways to overcome barriers to service through the use of telemedicine.

Over the past few years, the volume of clinical telemedicine appointments has increased steadily in the North West LHIN. This trend continued in 2015-2016, with a total of 21,368 clinical visits via telemedicine by the end of December. In comparison, the total number of clinical visits over telemedicine in 2014-2015 was 24,524 by year-end. In addition, providers in the region are using telederm services increasingly, with 83 referrals occurring from April to June, up to 148 referrals from October to December of 2015-2016.



Telemedicine Fracture Clinic

In July 2013, a pilot project was launched delivering fracture care via telemedicine for patients/clients located at Dryden Regional Health Centre. The pilot was so successful that in 2015-2016, the program was expanded to provide fracture care for patients/clients at Lake of the Woods District Hospital and Sioux Lookout Meno Ya Win Health Centre. Funding was provided by the North West LHIN to support the expansion of fracture and orthopaedic care over telemedicine. As a result, all seven orthopaedic surgeons at TBRHSC have begun to use telemedicine for follow-up appointments.

Prior to the launch of the Telemedicine Fracture Clinic, most fracture patients/clients from the region area were sent to Thunder Bay by transfer or through the Northern Health Travel Grant. Today, thanks to the telemedicine connection with orthopaedic specialists in Thunder Bay, patients/clients are having to travel much less, receiving treatment closer to home and increasing the comfort and confidence of local care providers. 743 patient/client appointments for urgent consultations, casting and routine follow-ups took place from April 1, 2015 to March 15, 2016.

Telehomecare

The number of patients/clients enrolled in telehomecare has increased as a result of enhanced awareness among primary care practitioners. A telehomecare program at Thunder Bay Regional Health Sciences Centre for individuals with chronic conditions was introduced in 2009 and now focuses on people living with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disorder (COPD). An additional program at the North West Community Care Access Centre (CCAC) for people living with CHF and COPD began in June 2013.

Building on the success of telehomecare programs for people with COPD and CHF in the City of Thunder Bay, a new project was launched in September, 2015 with the primary goal of expanding access to telehomecare services across the North West LHIN region. Since the beginning of this focused effort, distribution points have been established in Dryden and Marathon, allowing for delivery and installation of telehomecare equipment for the North West Community Care Access Centre program across the North West LHIN region, to any community that has access by road. In addition, the North West Community Care Access Centre has adopted the Ontario Telemedicine Network (OTN) Centralized Device Pool model of equipment management. This model allows for cost-effective rental and delivery of equipment, and saves health dollars through periodic bulk purchases.

Lesley Read's Journey

Lesley Read will tell you first and foremost that she is a family person. What she may not share is that she is a passionate volunteer, and is committed to bringing about positive changes in the community.

Lesley is also living with a disease called Chronic Obstructive Pulmonary Disease, or COPD.

Fortunately, Lesley was supported by the COPD Telehomecare Program, a free service offered through the North West Community Care Access Centre.

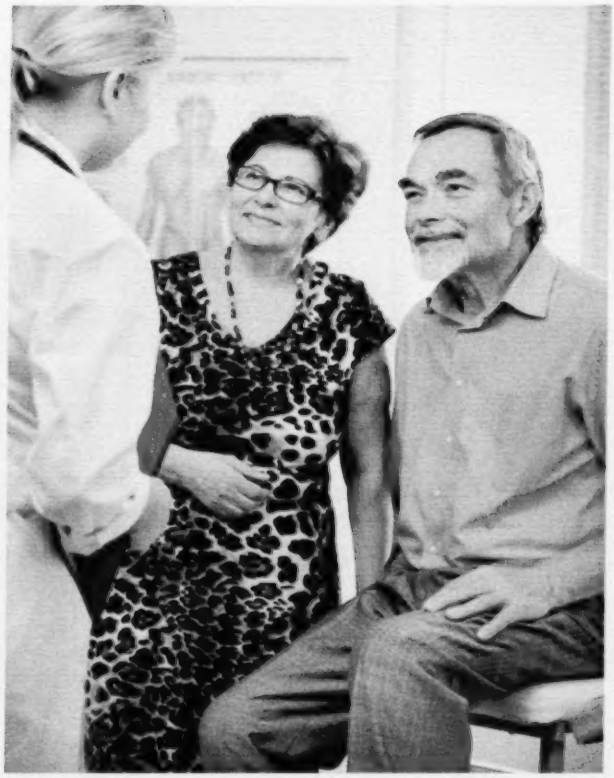
Shortly after her COPD diagnosis and discharge from hospital, a telehomecare technician visited Lesley in her home, and showed her how to use equipment that she would need to monitor her health. Lesley received a blood pressure cuff, oxygen saturation monitor, a weigh scale and an electronic tablet (computer) to enter her values on a daily basis. A Telehomecare Nurse monitored those values, and connected with Lesley if her readings were outside of normal, or if Lesley had any questions. The program lasted about six months, and helped Lesley to live well with chronic disease.

"If I had a question, it was answered. I didn't have to worry about forgetting to take my medication because someone was checking on me," said Lesley about how the Telehomecare Program supported her in learning how to live with and manage her COPD. "It became part of my routine, and if I didn't enter my readings online, someone would phone and remind me."

5. Increasing Access to Mental Health and Addictions Services

The North West LHIN has identified the need for a comprehensive, integrated, and regional model of care for Mental Health and Addictions (MHA) – one that incorporates awareness, education, assessment, early intervention and long-term supports. This model will improve the quality of life and health outcomes for people living with mental health issues, and also help reduce reliance on emergency departments and avoidable admissions to hospital for mental health and addictions care.

In 2015-2016, the North West LHIN made significant progress in integrating the region's mental health and addictions system. The North West LHIN has been working with stakeholders from different service sectors, including the Ministry of Children's and Youth Services (MCYS) and the Ministry of Community and Social Services (MCSS), to develop a plan with recommendations to help clients who are transitioning from one type of service to another and experiencing gaps in access to services. That plan was completed in 2016 with implementation set to begin in 2016-2017.



New Initiatives

The North West LHIN also spent the past year working with Thunder Bay Police and Canadian Mental Health Association (CMHA) Thunder Bay to provide crisis training and to ensure better coordination with emergency medical services and TBRHSC, and with the Centre for Addiction and Mental Health and North East Local Health Integration Network to support telepsychiatry and education of primary care clinics for patients/clients with mental health and addiction issues.

In addition to focusing on integrating the system, the North West LHIN has improved access to services within the MHA system in 2015-2016. Achievements this past year include:

- The specialized Behavioural Supports unit at St. Joseph's Care Group has resulted in a decrease in transfers to hospital for inpatient stays by 15 per cent, including a 25 per cent reduction for conditions related to Alzheimer's disease and dementia. An additional psychogeriatric resource consultant was added to the existing team of two consultants in City of Thunder Bay IDN, which has expanded services to the District of Thunder Bay IDN.
- Peer support provided by People Advocating for Change Through Empowerment at Thunder Bay Regional Health Sciences Centre is providing much-needed support to mental health consumers both within the hospital and upon discharge from the Schedule 1 unit. Based on its success, this partnership is now being considered in Thunder Bay District hospitals.
- Telepsychiatry provided by the Centre of Addictions and Mental Health (CAMH) for regional physicians attached to Family Health Teams has been well received and is continuing with one-time funding.
- A plan for re-establishing mobile crisis response in the Thunder Bay District is underway.
- There has been a reduction in overall ED repeat visits for individuals with a mental health diagnosis from 18.4 per cent to 14.6 per cent, below the current provincial target.

Priority Four
Enhancing Chronic Disease Prevention

Chronic Disease Prevention and Management continue to be a priority for the North West LHIN in 2015-2016, with progress being made on several fronts, particularly in the area of diabetes management.

- A Regional Diabetes Plan to support a diabetes care system that is more integrated, person-centred, accessible, equitable and effective is being developed and socialized throughout the Northwest region.
- In partnership with Flinder's University in Adelaide, Australia, 19 health service providers, including five Aboriginal health sevice providers, are performing point of care testing across an ever growing number of sites.
- An integrated approach to diabetes management through standardized care pathways for diabetes, foot care and wound care has been developed.
- Some Diabetes Education Programs in the Northwest region have achieved high levels of either formal or informal collaboration or integration with Family Health Teams in their Local Health Hubs. This collaboration has decreased duplication of service and improved access to evidence informed diabetes education and management.
- Training for French speaking peer leaders has been completed to enhance access to self-management programs for the Francophone population.
- An annual forum was hosted for providers to foster improved quality of diabetes care by enhancing collaborative care practices between diabetes clinicians, primary care and specialists.
- Twenty-nine communities are now delivering the Stanford Chronic Disease Self-Management Program. Fifty-eight peer leaders were trained in 2015-2016 including five Francophone peer leaders to support people with chronic conditions.
- Paramedics in Marathon are providing home visits for persons living with Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), and Diabetes.

Wound Care

The Regional Wound Care Clinic at St. Joseph's Care Group provided telemedicine consults to 380 wound care patients/clients providing expert consultation and building capacity with clinicians across the region who then provide care close to home. This increased access to specialists for people across the region and the need for travel.

Telewound services have also been expanded to 13 sites across the region, providing access to a wound care specialist in Thunder Bay and bringing care closer to home through the use of innovative technology. Furthermore, a foot and wound care services inventory for the North West LHIN has been completed and validated with various stakeholders, providing a snapshot of wound care services across the region. The final version of the inventory has been distributed to stakeholders to support collaboration and decision making in regards to further coordination and integration of services.

Regional Palliative Care Program

In March 2016, the Ministry of Health and Long-Term Care announced the creation of a new Ontario Palliative Care Network (OPCN), in alignment with ***Patients First Action Plan for Health Care***. The OPCN is responsible for the development of a coordinated, standardized approach for the delivery of palliative care services in the province. In the new governance model, local regional palliative care programs will be jointly accountable to both the LHIN CEO and the Regional Vice President of the regional cancer program.

The North West LHIN has an established Regional Palliative Care Program through St. Joseph's Care Group. Implementation of the Regional Palliative Care Plan was advanced with the establishment of increased supports in five Local Health Hubs enabling people to die with dignity at home.

The focus is to support end of life at home, in the community through the provision of quality palliative care. In this regard, the North West LHIN introduced community palliative care planning and implementation in five Local Health Hubs.

A provincial demonstration project for community palliative care in Whitefish Bay resulted in fewer hospital deaths and access to quality palliative care at home with potential to spread to other communities. Whitefish Bay First Nation is the site of a provincial demonstration project supported by the North West LHIN to implement the community based palliative care model. Community residents are supported during the end-of-life stages in their homes in the community rather than in hospital, which has been the only choice in the past.

To improve patient and family access to palliative care services including end-of-life care, a distributed model of hospice, enabled through technology, is planned to provide palliative care as close to home as possible. Thirty-two palliative care educations sessions were held to build clinical capacity across the region.

In addition, four North West First Nations communities, Windigo Tribal Council, Wapekeka, Naotkamegwanning and Nigigoonsiminikaaning, were successful in receiving First Nation Inuit Health Branch (FNIHB) funding for planning and coordination of palliative care services. These initiatives will be coordinated with the North West LHIN Palliative Care Program.

Engaging Communities

Community Engagement between the North West LHIN and the people of Northwestern Ontario is at the forefront of positive, transformative change in health care service delivery.

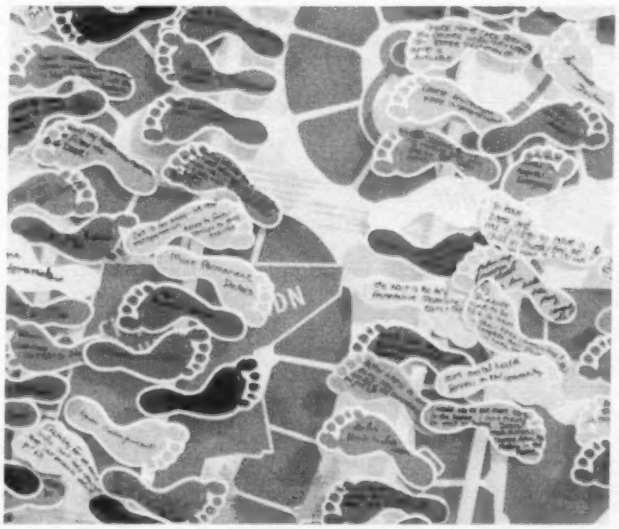
In the past year, the North West LHIN surpassed the reach of the previous fiscal year's engagement sessions, with a total of 13,077 individuals engaged at 1,548 events in 2015-2016. This represents an increase of 1,540 individuals engaged at an additional 145 events. A major catalyst of this increase was the IHSP IV 2016-2019 community engagement campaign: known as ***Guide Your Health: Your Story, Your Future,*** where more than 700 residents participated. Through the campaign, the North West LHIN collected more than 1,500 comments from people who identified the areas of the health system that work well and opportunities for improvement.

The North West LHIN is grateful for this input from individuals and communities in the region, and privileged to have had the opportunity to strengthen and deepen its connection to the people, families and care providers from across Northwestern Ontario.

Building on the engagement and outreach already underway over the last fiscal year, the North West LHIN also facilitated 14 additional face-to-face engagement sessions over the months of January and February of 2016. These engagement sessions were a part of the next stage of the ***Patients First: Action Plan for Health Care***, a proposal from the Ministry of Health and Long-Term Care (MOHLTC) which seeks to strengthen people-centred health care in Ontario.

Through support from the North West LHIN, as well as the other 13 LHINs across the province, the Ministry sought input on the proposal with emphasis on facilitating responses from health service providers (HSPs), system partners, patients/clients and caregivers, as well as councils and committees, physicians, and residents. In the North West LHIN, 189 participants provided feedback in a face-to-face setting and an additional 64 individuals contributed feedback online via the ***Your Voice Matters*** campaign. As a result, a total of 1241 comments in response to the Discussion Paper were collected and a report was submitted to the Ministry of Health and Long-Term Care.

The North West LHIN Board of Directors continued to be involved in extensive engagement with LHIN-funded HSP Boards and other partner organizations to explore opportunities for system transformation and integration and to clarify expectations of HSP Boards with regard to implementation of the North West LHIN Health Services Blueprint, specifically Local Health Hubs, Integrated District Networks, and Regional Programs.



Aboriginal Community Engagement

The North West LHIN continues to work collaboratively with the Aboriginal community and federal and provincial agencies to improve access to culturally-sensitive and culturally-appropriate health care programs and services. The North West LHIN is deeply committed to helping deliver the best possible health care to this population in Northwestern Ontario.

Notable achievements over the course of 2015-2016 include:

- All hospitals in the North West LHIN have completed Cultural Competency training. Cultural competency training opportunities continued for all North West LHIN staff, including the Walk a Mile video series produced by the City of Thunder Bay Aboriginal Liaison.
- Supported Fort Frances Tribal Health Authority to develop a crisis response protocol.
- Crisis response funding was provided to four First Nation communities and one tribal health authority under state of emergency for mental health crises.
- Funding continued for the suboxone program at Dennis Franklin Cromarty High School to facilitate managed drug withdrawal for students.
- Indigenous Cultural Competency training continued to be advanced for LHIN staff, board members and health service providers.

North West LHIN Aboriginal Health Services Advisory Committee

The North West LHIN Aboriginal Health Services Advisory Committee is comprised of membership from Ontario Native Woman's Association, Metis Nation, Ontario Federation Centres, Thunder Bay Regional Health Sciences Centre, Lakehead University, Elders, and First Nation Health Directors. Through its diverse membership, the committee provides advice to the North West LHIN regarding the health service delivery issues affecting Aboriginal people and communities in the Northwest.

Francophone Community Engagement

The North West LHIN works with the North East LHIN and Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) to address health care planning in the North. The North West LHIN, in concert with the Réseau du mieux-être francophone du Nord de l'Ontario, has conducted community engagement events across the LHIN. Each year a joint Board approved plan is prepared to guide their work.

Notable achievements over the course of 2015-2016 include:

- The fourth Joint Annual Action Plan for 2015-2016 was developed in consultation with the North East LHIN, the North West LHIN and the French Language Health Planning Entity. It is aligned with the Integrated Health Service Plan priorities.
- Centralized Peer Leader Training session for Self-Management and Chronic Diseases were offered in French in Toronto – five Francophones from the Northwest region were trained as Peer Leaders.
- A six-week program for Self-Management and Chronic Diseases was offered in French in Geraldton.
- Diabetes education sessions are available in French via OTN; linked to Hamilton Niagara Community Health Center.
- Community engagement sessions were held in French for IHSP IV 2016-2019 in collaboration with the Réseau du mieux-être Francophone du Nord de l'Ontario and the North West LHIN.

LHIN MLAA Performance Indicators

North West LHIN Performance Indicators

2015-2016 ANNUAL REPORT

May 13, 2016 Release

Indicator	Provincial Target	Provincial			LHIN		
		2014/15 Fiscal Year Result	Most Recent Quarter	2015/16 Result	2014/15 Fiscal Year Result	Most Recent Quarter	2015/16 Result
Performance Indicators							
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services	95.00%	85.39%	86.55%	85.28%	76.43%	83.33%	78.07%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	95.00%	93.71%	93.21%	93.66%	89.31%	88.56%	88.02%
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)	21 days	29.00	29.00	30.00	35.00	26.00	31.00
90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	10.48	9.97	9.73	9.32	9.33
90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.03	4.28	4.07	3.88	4.17	3.93
Percent of priority 2, 3 and 4 cases completed within access target for MRI scans	90.00%	41.75%	40.37%	38.41%	59.16%	40.76%	34.28%
Percent of priority 2, 3 and 4 cases completed within access target for CT scans	90.00%	77.77%	74.08%	74.60%	80.16%	52.77%	50.40%
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.00%	81.51%	79.63%	79.97%	73.04%	76.74%	83.08%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	79.76%	78.18%	79.14%	64.66%	78.36%	71.85%
Percentage of Alternate Level of Care (ALC) Days	9.46%	14.35%	14.15%	14.16%	21.72%	18.81%	19.60%
ALC Rate	12.70%	13.70%	14.12%	13.98%	27.60%	28.24%	27.76%
Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions	16.30%	19.62%	20.33%	20.28%	16.32%	19.37%	17.46%
Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions	22.40%	31.34%	33.39%	33.42%	43.22%	47.60%	45.09%
Readmission within 30 days for selected HIG conditions	15.50%	16.60%	16.62%	16.51%	16.64%	15.25%	15.14%

Indicator	Provincial Target	Provincial			LHIN		
		2014/15 Fiscal Year Result	Most Recent Quarter	2015/16 Result	2014/15 Fiscal Year Result	Most Recent Quarter	2015/16 Result
Monitoring Indicators							
Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery	90.00%	87.02%	86.56%	88.03%	86.50%	79.34%	84.26%
Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery	90.00%	96.01%	94.00%	95.00%	NA	NA	NA
Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	91.93%	87.37%	88.09%	93.87%	94.65%	91.51%
CCAC wait times from application to eligibility determination for long-term care home placements: from community setting	N/A	14.00	15.00	14.00	35.00	27.00	28.00
CCAC wait times from application to eligibility determination for long-term care home placements: from acute-care setting	N/A	8.00	7.00	8.00	15.00	9.00	12.00
Rate of emergency visits for conditions best managed elsewhere per 1,000 population	N/A	19.56	4.58	12.86	42.67	10.19	29.38
Hospitalization rate for ambulatory care sensitive conditions per 100,000 population	N/A	320.78	80.87	235.64	519.59	134.76	396.50
Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge	N/A	46.09%	45.55%	46.58%	36.98%	37.31%	37.96%

Indicator	Report on North West LHIN Performance
Home Care Service Wait Times	Wait times for home care services for complex clients are a priority of the North West LHIN. In 2015-2016 the LHIN worked with health service providers to understand whether performance in this area is a function of data reporting or client waiting for in-home support services. Moving forward, as required, the North West LHIN will work with health service providers to ensure services are provided to client on a timely basis.
Emergency Room Length of Stay	Wait times in emergency departments in Northwestern Ontario for high acuity patients were reduced by approximately 5 per cent in 2015-2016, while low acuity wait times remained generally consistent with 2014-2015. This improvement is attributed to both the highly coordinated efforts of all system partners and health system resources provided through the City of Thunder Bay Overcapacity Plan. See page ***14*** for additional information on strategies implemented to manage emergency department wait times.
Cancer Surgery Wait Times	Wait times for cancer surgery in the North West LHIN are consistent with previous years. The North West LHIN regularly engages with the North West Regional Cancer Program to monitor performance and engage as appropriate in the implementation of strategies to improve access to care.
Cataract Wait Times	Wait times for cataract surgeries in the North West LHIN are lower than those experienced across the province. Performance is consistent with previous years. The North West LHIN continues to monitor performance of wait times for cataract surgery and will implement strategies as required to manage.
Hip and Knee Replacement	Throughout 2015-2016 wait times for hip and knee replacement surgery improved significantly. This increase in performance is closely aligned to work completed through the implementation of the North West LHIN Regional Orthopaedics Plan. Through the Regional Orthopaedics Plan, the North West LHIN will continue to manage hip and knee wait time performance and factors influencing performance. Specific issues to be addressed include patients electing to receive service from specific surgeons versus the first available surgeon. See page ***16*** for additional information on the Regional Orthopaedics Plan.
Diagnostic MRI and CT Scans	Wait times for diagnostic MRI and CT scans have increased in the North West LHIN in 2015-2016. The wait time increase for these services is strongly correlated to the significant increase in referrals for services being received from primary care. The North West LHIN and health service providers have been engaged in ongoing dialogue to develop strategies to improve performance including assessing the clinical appropriateness of referrals and applying queuing theory to scheduling procedures.
Alternate Level of Care	Alternate Level of Care (ALC) rates were maintained at levels that are consistent with previous years. Refer to page ***15*** for additional information related to strategies implemented to improve performance related to ALC.
Readmission Rates	Readmission rates in the North West LHIN decreased in 2015-2016 and are below the provincial target of 16.0 per cent. This improvement is attributed to an enhanced focus on quality leveraging enablers such as quality improvement plans (QIPs) and the implementation of clinical best practices for quality based procedures (QBP's).
Rate of Repeat Emergency Department Visits for Mental Health Conditions	Readmission rates for mental health conditions increased slightly in 2015-2016 in the North West LHIN. The North West LHIN has identified that the development of long-term solutions for mental health and addictions will require the development of a comprehensive regional integrated plan. See page ***19*** for additional information on planning for mental health and addictions services.
Hospitalization Rates	The North West LHIN has identified that rates of hospitalization are higher than those experienced elsewhere in in Ontario. This is primarily attributed to the lower overall health status of residents of the North West. In response to this, the North West LHIN is implementing strategies to minimize the rate of hospitalization for chronic conditions, standardize care pathways for admitted patients and reduce readmission rates.
Long-Term Care Home Eligibility Assessment Wait Times	Within the North West LHIN, specifically in the City of Thunder Bay, the demand for long-term care beds is greater than supply. As a result, the wait times experienced for those applying to long-term care is longer than elsewhere in the province. Despite these pressures, wait times for assessment of eligibility for long-term care decreased significantly in 2015-2016 as a result of a focused effort from health system partners.
Emergency Department Utilization	Within the North West LHIN, emergency department utilization has historically been higher than rates experienced elsewhere in the province. The rate of emergency department utilization is significantly influenced by small and rural hospitals which have capacity to provide these low acuity services within the fixed hospital infrastructure. Additionally, it is important to note that the majority of small communities in the North West LHIN have limited access to after-hours primary care services.
Access to Primary Care	Access to primary care services is considered a key enabler to developing an effective patient centered health system. The LHIN recognizes that the rate of access to primary care in the North West LHIN is below that of the province. The North West LHIN is implementing various strategies at the LHIN, Integrated District Network and Local Health Hub level to improve access to primary care.

Financial statements of

North West Local Health Integration Network

March 31, 2016

North West Local Health Integration Network

March 31, 2016

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Independent Auditor's Report

To the Members of the Board of Directors of the
North West Local Health Integration Network

We have audited the accompanying financial statements of North West Local Health Integration Network, which comprise the statement of financial position as at March 31, 2016, and the statement of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of North West Local Health Integration Network as at March 31, 2016 and the results of its operations, change in its net debt, and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants
Licensed Public Accountants
May 31, 2016

North West Local Health Integration Network

Statement of financial position
as at March 31, 2016

	2016	2015
	$	$
Financial assets		
Cash	**409,994**	514,910
Due from Ministry of Health and Long Term Care ("MOHLTC") Health Service Provider ("HSP") transfer payments (Note 9)	**9,261,071**	2,405,758
Accounts receivable	**101,786**	107,274
	9,772,851	3,027,942
Liabilities		
Accounts payable and accrued liabilities	**369,031**	510,863
Due to HSPs (Note 9)	**9,261,071**	2,405,758
Due to MOHLTC (Note 3)	**137,920**	126,790
Due to the LHIN Shared Services Office (Note 4)	**15,919**	12,775
Deferred capital contributions (Note 5)	**117,344**	170,781
	9,901,285	3,226,967
Net debt	**(128,434)**	(199,025)
Commitments (Note 6)		
Non-financial assets		
Tangible capital assets (Note 7)	**117,344**	170,781
Prepaid expenses	**11,090**	28,244
	128,434	199,025
Accumulated surplus	**-**	-

Approved by the Board

Director

Director

The accompanying notes to the financial statements are an integral part of these financial statements.

North West Local Health Integration Network

Statement of operations
year ended March 31, 2016

	Budget (Note 8)	2016 Actual	2015 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSPs transfer payments (Note 9)	**636,712,500**	**665,422,964**	652,454,696
Operations of LHIN	**4,779,592**	**4,771,417**	4,625,906
Project Initiatives			
Aboriginal Community Engagement	**160,000**	**160,000**	160,000
Emergency Department ("ED") LHIN Lead	-	**75,000**	75,000
Critical Care ("CC") LHIN Lead	-	**75,000**	75,000
Emergency Room/Alternative Level of Care ("ER/ALC") Performance Lead	**100,000**	**100,000**	100,000
Primary Care ("PC") LHIN Lead	-	**75,000**	75,000
French Language Health Services	**106,000**	**106,000**	106,000
Diabetes Regional Coordination Centre	**1,042,299**	**1,042,299**	1,063,570
Enabling Technologies for Integration Project Management Office	-	**510,000**	510,000
Amortization of deferred capital contributions	-	**61,612**	161,710
	642,900,391	**672,399,292**	659,406,882
Funding repayable to the MOHLTC (Note 3)	-	**(11,130)**	(126,790)
	642,900,391	**672,388,162**	659,280,092
Expenses			
Transfer payments to HSPs (Note 9)	**636,712,500**	**665,422,964**	652,454,696
General and administrative (Note 10)	**4,779,592**	**4,832,446**	4,731,846
Project Initiatives (Note 11)			
Aboriginal Community Engagement	**160,000**	**160,000**	154,770
Enabling Technologies for Integration Project Management Office (Note 4)	-	**510,000**	510,000
ED LHIN Lead	-	**75,000**	74,721
CC LHIN Lead	-	**72,000**	75,000
Emergency Room/Alternative Level of Care ("ER/ALC") Performance Lead	**100,000**	**100,000**	100,000
Primary Care ("PC") LHIN Lead	-	**67,453**	73,518
French Language Health Services	**106,000**	**106,000**	106,000
Diabetes Regional Coordination Centre	**1,042,299**	**1,042,299**	999,541
	642,900,391	**672,388,162**	659,280,092
Annual surplus and accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of these financial statements.

North West Local Health Integration Network

Statement of change in net debt
year ended March 31, 2016

	2016	2015
	$	$
Annual surplus	-	-
Acquisition of tangible capital assets	**(8,175)**	(153,686)
Amortization of tangible capital assets	**61,612**	161,710
Decrease (increase) in Prepaid expenses	**17,154**	(28,244)
Decrease (increase) in net debt	**70,591**	(20,220)
Net debt, beginning of year	**(199,025)**	(178,805)
Net debt, end of year	**(128,434)**	(199,025)

The accompanying notes to the financial statements are an integral part of these financial statements.

North West Local Health Integration Network

Statement of cash flows
year ended March 31, 2016

	2016	2015
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of tangible capital assets	**61,612**	161,710
Amortization of deferred capital contributions (Note 5)	**(61,612)**	(161,710)
Changes in non-cash operating items		
Prepaid expenses	**17,154**	(28,244)
Due from MOHLTC - HSPs transfer payments	**(6,855,313)**	121,981
Accounts receivable	**5,488**	(53,073)
Accounts payable and accrued liabilities	**(141,832)**	97,198
Due to HSPs	**6,855,313**	(121,981)
Due to MOHLTC	**11,130**	(164,544)
Due to LHIN Shared Services Office	**3,144**	6,161
	(104,916)	(142,502)
Capital transaction		
Acquisition of tangible capital assets	**(8,175)**	(153,686)
Financing transaction		
Increase in deferred capital contributions (Note 5)	**8,175**	153,686
Net decrease in cash	**(104,916)**	(142,502)
Cash, beginning of year	**514,910**	657,412
Cash, end of year	**409,994**	514,910

The accompanying notes to the financial statements are an integral part of these financial statements.

North West Local Health Integration Network

Notes to the financial statements

March 31, 2016

1. Description of business

The North West Local Health Integration Network was incorporated by Letters Patent on June 16, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the North West Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the Districts of Thunder Bay, Rainy River and most of Kenora. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with Ministry-LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to the Health Service Providers ("HSPs"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSPs. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed HSPs in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2016.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable. Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as tangible capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Office furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Web development	3 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Segmented information

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the Statement of operations and within the related notes for both the prior and current year sufficiently disclose information for all appropriate segments and therefore no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

3. Funding repayable to the MOHLTC

LHIN Shared Service Office and LHINC Collaborative

In accordance with the MLPA, the LHIN is required to be in a balanced position at year-end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

In accordance with the Performance Agreement, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to MOHLTC.

The amount repayable to the MOHLTC related to the current year activities is made up of the following components:

			2016	2015
	Funding	Eligible expenses	Funding excess	Funding excess
	$	$	$	$
Transfer payments to HSPs				-
LHIN operations	4,771,417	4,770,834	583	55,769
Aboriginal Community Engagement	160,000	160,000	-	5,231
Enabling Technologies for Integration Project Management Office	510,000	510,000	-	-
ED LHIN Lead	75,000	75,000	-	279
Critical Care ("CC") LHIN Lead	75,000	72,000	3,000	-
ER/ALC Performance Lead	100,000	100,000	-	-
PC LHIN Lead	75,000	67,453	7,547	1,482
French Language Health Services	106,000	106,000	-	-
Diabetes Education	4,142,299	4,142,299	-	64,029
	10,014,716	10,003,586	11,130	126,790

The continuity of the amount due to the MOHLTC at March 31 is as follows:

	2016	2015
	$	$
Due to MOHLTC, beginning of year	126,790	291,334
Funding repaid to MOHLTC	-	(291,334)
Funding repayable to the MOHLTC related to current year activities	11,130	126,790
Due to MOHLTC, end of year	137,920	126,790

4. Related party transactions

LHIN Shared Services Office and LHINC

The LHIN Shared Services Office (the "LSSO") and the Local Health Integration Network Collaborative (the "LHINC") are divisions of the Toronto Central LHIN and are subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO and LHINC, on behalf of the LHINs are responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at year end is recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all LHINs.

4. Related party transactions (continued)

Enabling Technologies for Integration Project Management Office

Effective February 1, 2012, the LHIN entered into an agreement with South East LHIN, North East LHIN and Champlain LHIN (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Offices for its Cluster and related expenses. During the year, the LHIN received funding from Champlain LHIN of $510,000 (2015 - $510,000).

5. Deferred capital contributions

	2016	2015
	$	$
Balance, beginning of year	**170,781**	178,805
Capital contributions received during the year	**8,175**	153,686
Amortization for the year	**(61,612)**	(161,710)
Balance, end of year	**117,344**	170,781

6. Commitments

The LHIN has commitments under various operating leases related to building and equipment extending to 2021. Lease renewals are likely. Minimum lease payments due in each of the next five years are as follows:

	$
2017	372,414
2018	352,402
2019	351,676
2020	348,046
2021	89,369
	1,513,907

The LHIN also has funding commitments to HSPs associated with accountability agreements. The LHIN had the following funding commitments as of March 31, 2016.

	$
2017	631,954,724
2018	211,067,231
	843,021,955

The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

7. Tangible capital assets

	Cost	Accumulated amortization	2016 Net book value	2015 Net book value
	$	$	$	$
Office furniture and fixtures	392,570	369,295	23,275	42,372
Computer equipment	90,807	75,726	15,081	19,261
Leasehold improvements	835,427	756,439	78,988	109,148
	1,318,804	1,201,460	117,344	170,781

8. Budget figures

The budget was approved by the Government of Ontario. The budget figures reported in the statement of operations reflect the initial budget. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles. During the year, the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The final HSP funding budget of $665,423,024 is derived as follows:

	$
Initial HSP funding budget	636,712,500
Adjustment due to announcements made during the year	28,710,524
Final HSP funding budget	665,423,024

The final LHIN budget, excluding the HSP funding, of $6,914,716 is derived as follows:

	$
Initial budget	6,187,891
Additional funding received during the year	
E-Health	510,000
Critical Care Lead	75,000
ED LHIN Lead	75,000
Primary Care Lead	75,000
Amount treated as capital contributions made during the year	(8,175)
Final budget	6,914,716

9. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $665,422,964 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors as follows:

	2016	2015
	$	$
Operation of hospitals	**446,290,959**	441,657,628
Grants to compensate for municipal taxation - public hospitals	**105,375**	105,375
Long term care homes	**75,276,603**	71,169,619
Community care access centres	**55,897,643**	52,851,858
Community support services	**15,822,655**	15,896,203
Acquired brain injury	**1,038,082**	1,047,400
Assisted living services in supportive housing	**13,567,753**	13,149,211
Community health centres	**9,783,414**	9,723,533
Community mental health program	**31,747,914**	31,116,875
Addictions program	**15,892,626**	15,736,994
	665,423,024	652,454,696

The LHIN receives funding from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2016, an amount of $9,261,071 (2015 - $2,405,758) was receivable from the MOHLTC, and $9,261,071 (2015 - $2,405,758) was payable to HSPs. These amounts have been reflected as revenue and expenses in the Statement of operations and are included in the table above.

10. General and administrative expenses

The statement of operations presents expenses by function. The following classifies general and administrative expenses by object:

	2016	2015
	$	$
Salaries and benefits	**3,436,289**	3,205,785
Occupancy	**258,249**	200,071
Amortization	**61,612**	161,710
Equipment and maintenance	**46,178**	58,268
Shared services	**371,680**	393,662
Public relations and community forums	**37,782**	35,851
Professional fees	**15,100**	14,800
Travel	**147,937**	136,982
Staff development and recruitment	**68,789**	122,757
Consulting services	**36,673**	23,764
LHIN collaborative	**47,500**	47,500
Supplies, printing and office	**88,957**	76,001
Other board member per diems	**58,064**	43,541
Board chair per diems	**19,775**	23,645
Other governance and travel costs	**92,731**	129,381
Mail, courier and telecommunications	**45,131**	58,128
	4,832,446	4,731,846

11. Project Initiatives

The Statement of operations presents project initiative expenses for each individual initiative, the following classifies project initiative expenses by object:

	2016	2015
	$	$
Salaries and benefits	**1,497,402**	1,427,709
Professional services	**335,084**	337,493
Travel	**71,494**	89,797
Accomodations	**83,585**	78,138
Computer	**58,955**	40,544
Meeting/Public Relations	**13,644**	38,980
Staff development and recruitment	**14,641**	24,676
Translation services	**14,468**	17,571
Supplies - printing and office	**22,363**	15,180
Mail, courier and telecommunications	**11,132**	13,461
Shared Services	**9,984**	10,000
	2,132,752	2,093,549

Diabetes strategy operational expenses included in the project initiative expenses above are as follows:

	Budget 2016	Actual 2016	Actual 2015
	$	$	$
Salaries and benefits	**873,000**	**874,865**	840,000
Other expenses	**169,299**	**167,434**	159,541
	1,042,299	**1,042,299**	999,541

12. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 44 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2016 was $379,785.87 (2015 - $363,096) for current service costs and is included as an expense in the Statement of operations. The last actuarial valuation was completed for the plan in December 31, 2015. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the Local Health System Integration Act, 2006 and in accordance with s. 28 of the *Financial Administration Act*.

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